

Recipient Committee Campaign Statement

(Government Code Sections 84200-84216.5)

Type or print in ink.

Date Stamp

CALIFORNIA
2001/02
FORM

COVER PAGE
460

Page 1 of 30

For Official Use Only

Statement covers period

from 10/01/2010

through 10/16/2010

Date of election if applicable:
(Month, Day, Year)

SEE INSTRUCTIONS ON REVERSE

1. Type of Recipient Committee: All Committees - Complete Parts 1,2,3, and 4.

- ☐ Officeholder, Candidate Controlled Committee
☐ State Candidate Election Committee
☐ Recall

(Also Complete Part 5.)

- ☒ General Purpose Committee
☐ Sponsored
☒ Small Contributor Committee
☐ Political Party/Central Committee

- ☐ Ballot Measure Committee
☐ Primary Formed
☐ Controlled
☐ Sponsored

(Also Complete Part 6.)

- ☐ Primary Formed Candidate/
Officeholder Committee
(Also Complete Part 7.)

2. Type of Statement:

- ☒ Pre-election Statement
☐ Semi-annual Statement
☐ Termination Statement
☐ Amendment (Explain below)

- ☐ Quarterly Statement
☐ Special Odd-Year Report
☐ Supplemental Preelection
Statement - Attach Form 495

3. Committee Information

I.D. NUMBER
802001

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)
California Association of Highway Patrolmen

STREET ADDRESS (NO P.O. BOX)

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95818-1730</u>	

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95818</u>	

OPTIONAL: FAX/E-MAIL ADDRESS

916-457-3398 / ckeroher@thecahp.org

Treasurer(s)

NAME OF TREASURER
Mr Jon Hamm

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95818-1730</u>	<u>916-452-6751</u>

NAME OF ASSISTANT TREASURER, IF ANY
Cyndee Keroher

MAILING ADDRESS

CITY	STATE	ZIP CODE	AREA CODE/PHONE
<u>Sacramento</u>	<u>CA</u>	<u>95818</u>	<u>916-452-6751</u>

OPTIONAL: FAX/E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 10/20/2010 By Cyndee K Keroher
DATE SIGNATURE OF TREASURER OR ASSISTANT TREASURER

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT OR RESPONSIBLE OFFICER OF SPONSOR

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

Executed on _____ By _____
DATE SIGNATURE OF CONTROLLING OFFICEHOLDER, CANDIDATE, STATE MEASURE PROPONENT

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
State of California

Recipient Committee
Campaign Statement
Cover Page – Part 2

Type or print in ink.

COVER PAGE - PART 2

CALIFORNIA
FORM **460**

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5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)

RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CITY STATE ZIP

Related Committees Not Included in this Statement: List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or to make expenditures on behalf of your candidacy.

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

COMMITTEE NAME

I.D.NUMBER

NAME OF TREASURER

CONTROLLED COMMITTEE?

☐ YES ☐ NO

COMMITTEE ADDRESS STREET ADDRESS (NO P.O.BOX)

CITY STATE ZIP CODE AREA CODE/PHONE

6. Ballot Measure Committee

NAME OF BALLOT MEASURE

BALLOT NO. OR LETTER

JURISDICTION

☐ SUPPORT
☐ OPPOSE

Identify the controlling officeholder, candidate, or state measure proponent, if any.

NAME OF OFFICEHOLDER, CANDIDATE, OR PROPONENT

OFFICE SOUGHT OR HELD

DISTRICT NO. IF ANY

7. Primarily Formed Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

NAME OF OFFICEHOLDER OR CANDIDATE

OFFICE SOUGHT OR HELD

☐ SUPPORT
☐ OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period from 10/01/2010 through 10/16/2010	CALIFORNIA FORM 460 Page 3 of 30 I.D. NUMBER 802001
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

California Association of Highway Patrolmen

Contributions Received

		Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions	Schedule A, Line 3	\$0.00	\$303,173.08
2. Loans Received	Schedule B, Line 7	\$0.00	\$0.00
3. SUBTOTAL CASH CONTRIBUTIONS	Add Lines 1 + 2	\$0.00	\$303,173.08
4. Nonmonetary Contributions	Schedule C, Line 3	\$0.00	\$0.00
5. TOTAL CONTRIBUTIONS RECEIVED	Add Lines 3 + 4	\$0.00	\$303,173.08

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

	1/1 through 6/30	7/1 to Date
20. Contribution Received	\$0.00	\$0.00
21. Expenditures Made	\$0.00	\$0.00

Expenditures Made

6. Payments Made	Schedule E, Line 4	\$64,331.00	\$390,749.13
7. Loans Made	Schedule H, Line 7	\$0.00	\$0.00
8. SUBTOTAL CASH PAYMENTS	Add Lines 6 + 7	\$64,331.00	\$390,749.13
9. Accrued Expenses (Unpaid Bills)	Schedule F, Line 3	\$0.00	\$0.00
10. Nonmonetary Adjustment	Schedule C, Line 3	\$0.00	\$0.00
11. TOTAL EXPENDITURES MADE	Add Lines 8 + 9 + 10	\$64,331.00	\$390,749.13

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy)	Total to Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Current Cash Statement

12. Beginning Cash Balance	Previous Summary Page, Line 16	\$621,245.38	To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).
13. Cash Receipts	Column A, Line 3 above	\$0.00	
14. Miscellaneous Increases to Cash	Schedule I, Line 4	\$0.00	
15. Cash Payments	Column A, Line 8 above	\$64,331.00	
16. ENDING CASH BALANCE	Add Lines 12 + 13 + 14, then subtract Line 15	\$556,914.38	
If this is a termination statement, Line 16 must be zero.			

17. LOAN GUARANTEES RECEIVED..... Schedule B, Part 2 \$0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents	See instructions on reverse	\$0.00
19. Outstanding Debts	Add Line 2 + Line 9 in Column B above	\$0.00

*Since January 1, 2001. Amounts in this section may be different from amounts reported in Column B.

Schedule A

Monetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE A

Statement covers period		CALIFORNIA FORM 460
from 10/01/2010		
through 10/16/2010		Page 4 of 30
NAME OF FILER California Association of Highway Patrolmen		I.D. Number 802001

SEE INSTRUCTIONS ON REVERSE

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				

SUBTOTAL \$0.00

Schedule A Summary

1. Amount received this period - contributions of \$100 or more. (Include all Schedule A subtotals.)	\$0.00
2. Amount received this period - unitemized contributions of less than \$100	\$0.00
3. Total monetary contributions received this period. (Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Line 1.)	TOTAL \$0.00

*Contributor Codes
IND - Individual
COM - Recipient Committee
(other than PTY or SCC)
OTH - Other
PTY - Political Party
SCC - Small Contributor Committee

FPPC Form 460 (JUNE/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B – Part 1 Loans Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 1

Statement covers period
from 10/01/2010
through 10/16/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

I.D. NUMBER
802001

FULL NAME, STREET ADDRESS AND ZIP CODE OF LENDER (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT RECEIVED THIS PERIOD	(c) AMOUNT PAID OR FORGIVEN THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST PAID THIS PERIOD	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE CONTRIBUTIONS TO DATE
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		 RATE % 		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	

SUBTOTALS

Schedule B Summary

1. Loans received this period. _____
(Total Column (b) plus unitemized loans less than \$100.)

2. Loans paid or forgiven this period _____
(Total Column (c) plus loans under \$100 paid or forgiven.)
(Include loans paid by a third party that are also itemized on Schedule A.)

3. Net change this period. (Subtract Line 2 from Line 1.) _____ **Net** _____
Enter the net here and on the Summary Page, Column A, Line 2. (may be a negative number)

(Enter (e) on
Schedule E, Line 3)

* Amounts forgiven or paid by
another party also must be
reported on Schedule A.

** If required.

*Contributor Codes

IND-Individual COM-Recipient Committee (other than PTY or SCC) OTH-Other PTY-Political Party SCC-Small Contributor Committee

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule B - Part 2

Loan Guarantors

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE B - PART 2

Statement covers period from 10/01/2010 through 10/16/2010	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		LENDER DATE		CALENDAR YEAR PER ELECTION (IF REQUIRED)	
SUBTOTAL					Enter on Summary Page, Line 17 only.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE C

Statement covers period from <u>10/01/2010</u> through <u>10/16/2010</u>	CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNT/ FAIR MARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN 1 - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC					

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL

Schedule C Summary

- Amount received this period - nonmonetary contributions of \$100 or more.
(Include all Schedule C subtotals.).....
- Amount received this period - unitemized nonmonetary contributions of less than \$100
- Total nonmonetary contributions received this period.
(Add Lines 1 and 2. Enter here and on the Summary Page, Column A, Lines 4 and 10.) **TOTAL**

*Contributor Codes
 IND - Individual
 COM- Recipient Committee
 (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Schedule D

Summary of Expenditures




Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period		CALIFORNIA FORM 460	
from	10/01/2010		
through	10/16/2010		
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2010	Sacramentans Against Arden Arcade Cityhood No on Arden Arcade Cityhood Memo Reference: EXP3272	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	NO	\$3,000.00	\$3,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Payee Name: Joan Buchanan for Assembly 2010 Candidate Name: Buchanan, Joan Memo Reference: EXP3273	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	AD 15 event Sep 22 at Chops	\$2,000.00	\$3,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Payee Name: Lockyer 2010 Candidate Name: Lockyer, Bill Memo Reference: EXP3274	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Sept 22 event at Ella	\$2,000.00	\$2,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D Summary

- Contributions and independent expenditures made this period of \$100 or more. (Include all Schedule D subtotals.) \$64,200.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) **TOTAL** \$64,200.00

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2010





through 10/16/2010

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NAME OF FILER
 California Association of Highway Patrolmen

I.D. NUMBER
 802001

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2010	Payee Name: Noreen Evans for State Senate 2010 Candidate Name: Evans, Noreen Memo Reference: EXP3275	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	SD 2 Sept 30 event at Silverado	\$3,000.00	\$7,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Payee Name: Taxpayers for Roger Niello for Senate 2010 Candidate Name: Niello, Roger Memo Reference: EXP3276	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	SD 1 Sept 30 event Spataro	\$3,900.00	\$3,900.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Asian American Small Business PAC Memo Reference: EXP3277	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Event Oct 1 Yocha DeHe	\$5,000.00	\$5,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Payee Name: Anthony Portantino for Assembly 2010 Candidate Name: Portantino, Anthony Memo Reference: EXP3278	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	AD 44 Oct 4 event La Canada Flintridge	\$1,500.00	\$4,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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SCHEDULE D (CONT.)

Statement covers period

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through 10/16/2010

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NAME OF FILER
 California Association of Highway Patrolmen

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 802001

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2010	Payee Name: Das Williams for Assembly 2010 Candidate Name: Williams, Das Memo Reference: EXP3279	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	AD 35 Oct 4 event at Chops	\$1,000.00	\$3,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Payee Name: Linda Halderman for Assembly 2010 Candidate Name: Halderman, Linda Memo Reference: EXP3280	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	AD 29 Oct 5 event at Spataro	\$2,000.00	\$2,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Payee Name: Committee to Re-Elect Manual Perez Candidate Name: Perez, Manual Memo Reference: EXP3281	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	AD 80 Oct 8 event Palm Desert	\$2,500.00	\$2,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Payee Name: Tom Harman for Attorney General 2010 Candidate Name: Harman, Tom Memo Reference: EXP3282	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Oct 12 event at Spartaro	\$1,500.00	\$1,500.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
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 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2010





through 10/16/2010

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NAME OF FILER
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 802001

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2010	Payee Name: Alyson Huber for Assembly 2010 Candidate Name: Huber, Alyson Memo Reference: EXP3283	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	AD 10 Oct 19 event at Vallejos	\$3,900.00	\$4,900.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Payee Name: Mary Hayashi Democrat for Assembly 2010 Candidate Name: Hayashi, Mary State Assembly Person Memo Reference: EXP3284	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	AD 18 Oct 21 event Sonoma	\$3,900.00	\$6,900.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Taxpayers against Protecting Polluters No on Proposition 26 Memo Reference: EXP3285	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	No on Proposition 26	\$10,000.00	\$10,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/4/2010	Citizens for an On Time Budget Yes on 25 Memo Reference: EXP3286	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Yes on 25	\$10,000.00	\$10,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL

Schedule D
(Continuation Sheet)
Summary of Expenditures
Supporting/Opposing Other
Candidates, Measures and Committees

Type or print in ink.
 Amounts may be rounded
 to whole dollars.

SCHEDULE D (CONT.)

Statement covers period

from 10/01/2010



through 10/16/2010

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NAME OF FILER
 California Association of Highway Patrolmen

I.D. NUMBER
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DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN.1 - DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
10/4/2010	Public Safety First No on 19 Memo Reference: EXP3287	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Non-Monetary Contribution <input type="checkbox"/> Independent Expenditure	No on 19	\$3,000.00	\$3,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
10/15/2010	Payee Name: Steve Cooley for Attorney General 2010 Candidate Name: Cooley, Steve Memo Reference: EXP3288	<input checked="" type="checkbox"/> Monetary Contribution  <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure	Sp Req	\$6,000.00	\$6,000.00	
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					

SUBTOTAL \$64,200.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E

Statement covers period from 10/01/2010 through 10/16/2010		CALIFORNIA FORM 460 Page 13 of 30
I.D. NUMBER 802001		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Sacramentans Against Arden Arcade Cityhood Sacramento, CA 95864 Memo Reference: EXP3272 Committee ID: 132792	CTB	NO		\$3,000.00
Joan Buchanan for Assembly 2010 Sacramento, CA 95841 Memo Reference: EXP3273 Committee ID: 1314036	CTB	AD 15 event Sep 22 at Chops		\$2,000.00
Lockyer 2010 Los Angeles, CA 90067 Memo Reference: EXP3274 Committee ID: 1293126	CTB	Sept 22 event at Ella		\$2,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E Summary

1. Payments made this period of \$100 or more. (Include all Schedule E subtotals.)	\$64,331.00
2. Unitemized payments made this period of under \$100.	\$0.00
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$0.00
4. Total payments made this period. (Add lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$64,331.00

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/01/2010 through 10/16/2010		CALIFORNIA FORM 460 Page 14 of 30
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Noreen Evans for State Senate 2010 Sacramento, CA 95816 Memo Reference: EXP3275 Committee ID: 1320905	CTB		SD 2 Sept 30 event at Silverado	\$3,000.00
Taxpayers for Roger Niello for Senate 2010 Sacramento, CA 95814 Memo Reference: EXP3276 Committee ID: 1329351	CTB		SD 1 Sept 30 event Spataro	\$3,900.00
Asian American Small Business PAC Los Angeles, CA 90010 Memo Reference: EXP3277 Committee ID: 1276929	CTB		Event Oct 1 Yocha DeHe	\$5,000.00
Anthony Portantino for Assembly 2010 Sacramento, CA 95814 Memo Reference: EXP3278 Committee ID: 1313454	CTB		AD 44 Oct 4 event La Canada Flintridge	\$1,500.00
Das Williams for Assembly 2010 Sacramento, CA 95814 Memo Reference: EXP3279 Committee ID: 1316591	CTB		AD 35 Oct 4 event at Chops	\$1,000.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/01/2010 through 10/16/2010		CALIFORNIA FORM 460 Page 15 of 30
I.D. NUMBER 802001		

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Linda Halderman for Assembly 2010 Fresno, CA 93721 Memo Reference: EXP3280 Committee ID: 1324168	CTB		AD 29 Oct 5 event at Spataro	\$2,000.00
Committee to Re-Elect Manual Perez Sacramento, CA 95811 Memo Reference: EXP3281 Committee ID: 1313845	CTB		AD 80 Oct 8 event Palm Desert	\$2,500.00
Tom Harman for Attorney General 2010 Sacramento, CA 95833 Memo Reference: EXP3282 Committee ID: 1313875	CTB		Oct 12 event at Spartaro	\$1,500.00
Alyson Huber for Assembly 2010 Sacramento, CA 95814 Memo Reference: EXP3283 Committee ID: 1314155	CTB		AD 10 Oct 19 event at Vallejos	\$3,900.00
Mary Hayashi Democrat for Assembly 2010 Sacramento, CA 95814 Memo Reference: EXP3284 Committee ID: 1313555	CTB		AD 18 Oct 21 event Sonoma	\$3,900.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period from 10/01/2010 through 10/16/2010		CALIFORNIA FORM 460 Page 16 of 30
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Taxpayers against Protecting Polluters Oakland, CA 94612 Memo Reference: EXP3285 Committee ID: 1327516	CTB	No on Proposition 26	\$10,000.00
Citizens for an On Time Budget Sacramento, CA 95814 Memo Reference: EXP3286 Committee ID: 1323713	CTB	Yes on 25	\$10,000.00
Public Safety First Sacramento, CA 95833 Memo Reference: EXP3287 Committee ID: 1326337	CTB	No on 19	\$3,000.00
Steve Cooley for Attorney General 2010 Tuluca Lake, CA 91602 Memo Reference: EXP3288 Committee ID: 1323795	CTB	Sp Req	\$6,000.00
California Association of Highway Patrolmen Sacramento, CA 95818- Memo Reference: EXP3289	FND	Mileage for Calderon event ref Dir Stevens	\$28.80

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL

Schedule E (Continuation Sheet) Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460
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NAME OF FILER California Association of Highway Patrolmen		I.D. NUMBER 802001

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
California Association of Highway Patrolmen Sacramento, CA 95818- Memo Reference: EXP3290	FND	Mileage for Hayashi Event ref Dir Hazelwood	\$102.20

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$64,331.00

Schedule F Accrued Expenses (Unpaid Bills)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE F

Statement covers period
from 10/01/2010
through 10/16/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

I.D. NUMBER
802001

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, email)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTALS

Schedule F Summary

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.)..... **INCURRED TOTALS** _____
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.)..... **PAID TOTALS** _____
- Net change this period. (**Subtract** Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.)..... **NET** _____
May be a negative number.

Schedule G

Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE G

Statement covers period
from 10/01/2010
through 10/16/2010

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

I.D. NUMBER
802001

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, email)

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

Attach additional information on appropriately labeled continuation sheets.

TOTAL*

* Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Schedule H – Loans Made to Others*

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE H

Statement covers period
from 10/01/2010
through 10/16/2010

CALIFORNIA
FORM 460

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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

I.D. NUMBER
802001

FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT OR FORGIVENESS THIS PERIOD*	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(e) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
				<input type="checkbox"/> PAID <input type="checkbox"/> FORGIVEN		_____ % RATE		CALENDAR YEAR PER ELECTION**
					DATE DUE		DATE INCURRED	
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E.		SUBTOTALS						

(Enter (e) on
Schedule I, Line 3)

Schedule H Summary

1. Loans made this period
(Total Column (b) plus unitemized loans less than \$100.)

2. Payments received on loans
(Total Column (c) plus unitemized payments less than \$100.)

3. Net change this period. (Subtract Line 2 from Line 1.)
(Enter the net here and on the Summary Page, Column A, Line 7.)

NET (May be a negative number)

** If Required

Schedule I

Miscellaneous Increases to Cash

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period
from 10/01/2010
through 10/16/2010

SCHEDULE I
CALIFORNIA FORM 460
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER
California Association of Highway Patrolmen

I.D. NUMBER
802001

DATE RECEIVED	FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	DESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$.00

Schedule I Summary

1. Increases to cash of \$100 or more this period..... \$.00

2. Unitemized increases to cash under \$100 this period..... \$.00

3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)..... \$.00

4. Total miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Line 14.)..... **TOTAL** \$.00

FPPC Form 460 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

Memo Reference: EXP3272

ck 5002 No on Arden Aracade Cityhood

Memo Reference: EXP3273

ck 5003 AD 15 Sept 22 event at Chops

Memo Reference: EXP3274

ck 5004 Sept 22 event at Ella

Memo Reference: EXP3275

ck 5005 SD 2 Sept 30 event at Silverado

Memo Reference: EXP3276

ck 5006 SD 1 Sept 30 event Spataro

Memo Reference: EXP3277

ck 5007 Event Oct 1 Yocha DeHe

Memo Reference: EXP3278

ck 5008 AD 44 Oct 4 event La Canada Flintridge

Memo Reference: EXP3279

ck 5009 AD 35 Oct 4 event at Chops

Memo Reference: EXP3280

ck 5010 AD 29 Oct 5 event at Spataro

Memo Reference: EXP3281

ck 5011 AD 80 Oct 8 event Palm Desert

Memo Reference: EXP3282

ck 5012 Oct 12 event at Spataro

Memo Reference: EXP3283

ck 5013 AD 10 Oct 19 event at Vallejos

Memo Reference: EXP3284

ck 5014 AD 18 Oct 21 event Sonoma

Memo Reference: EXP3285

ck 5015 No on Proposition 26

Memo Reference: EXP3286

ck 5016 Yes on 25

Memo Reference: EXP3287

ck 5017 No on 19

Memo Reference: EXP3288

ck 5018

Memo Reference: EXP3272

ck 5002 No on Arden Arcade Cityhood

Memo Reference: EXP3273

ck 5003 AD 15 Sept 22 event at Chops

Memo Reference: EXP3274

ck 5004 Sept 22 event at Ella

Memo Reference: EXP3275

ck 5005 SD 2 Sept 30 event at Silverado

Memo Reference: EXP3276

ck 5006 SD 1 Sept 30 event Spataro

Memo Reference: EXP3277

ck 5007 Event Oct 1 Yocha DeHe

Memo Reference: EXP3278

ck 5008 AD 44 Oct 4 event La Canada Flintridge

Memo Reference: EXP3279

ck 5009 AD 35 Oct 4 event at Chops

Memo Reference: EXP3280

ck 5010 AD 29 Oct 5 event at Spataro

Memo Reference: EXP3281

ck 5011 AD 80 Oct 8 event Palm Desert

Memo Reference: EXP3282

ck 5012 Oct 12 event at Spataro

Memo Reference: EXP3283

ck 5013 AD 10 Oct 19 event at Vallejos

Memo Reference: EXP3284

ck 5014 AD 18 Oct 21 event Sonoma

Memo Reference: EXP3285

ck 5015 No on Proposition 26

Memo Reference: EXP3286

ck 5016 Yes on 25

Memo Reference: EXP3287

ck 5017 No on 19

Memo Reference: EXP3288

ck 5018

Memo Reference: EXP3289

ck 5019 Mileage for Calderon event ref Dir Stevens

Memo Reference: EXP3290

ck 5020 Mileage for Hayashi Event ref Dir Hazelwood
